Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: 01 WING FCL033006 06/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET YOUR LOVING FAMILY CARE HOME! DORTCHES, NC 27801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION O(25)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on June 4, 2015 from 3:08 PM to 4:08 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 2, 2002 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Section 421,2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 117 Have Current San. And Fire Safety Approvals C 117 SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and Fire Inspection will a 19/15 be on Shursday of this 7/9/15 fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the last fire inspection was conducted on April 15, 2014 and, therefore, is past due. Contact the local fire official to schedule the annual inspection. Provide a copy of the approved Fire Inspection Report to DHSR/Construction Section. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROMIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE owner STATE FORM TO5H21 if continuation sheet 1 of 7

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL033006 06/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE. 730 MARIGOLD STREET YOUR LOVING FAMILY CARE HOME! DORTCHES, NC 27801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATIONI DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 174 C 174 Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. The Closet pod has This Rule is not met as evidenced by: 6/4/15 Observations revealed that the left hand closet in Bedroom 1 did not have a rod for hanging clothes installed and the Resident's clothing was piled up on the floor. A wooden rad was observed propped up in the corner of the closet. Have a qualified person install a rod in the closet. Provide verification of the correction. Observations revealed that the door knob to the left hand closet in Bedroom 4 was loose. Hat water in bothroom 6/5/15 Have a qualified person secure the door hardware. Provide documentation of the repairs. At the time of this survey, the hot water had been turned off at the bathroom sink in the hall bath due to recent repairs. Have a qualified person turn the water back on and verify that it is working at the sink. Provide verification of the Will be replan on 7/10/15 correction. Observations revealed wood accessories mounted above the vanity in the hall bath. The accessories were broken and the nails were protruding which could injure a Resident. Have a qualified person remove the damaged accessories and patch the wall. Provide documentation of the repairs. Division of Health Service Regulation

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If continuation sheet 2 of 7

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL033006 06/04/2015 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET YOUR LOVING FAMILY CARE HOME I DORTCHES, NC 27801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (85) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 174 C 174 | Continued From page 2 Observations revealed that the front wall of the The tub and walls 6/5/15 have been replaced. tub surround in the hall bath was not protected for moisture. The wall was scratched and damaged from the moisture. Have a qualified person repair the damaged wall. Provide documentation of the repairs. Observations revealed a black, moldlike substance around the perimeter of the tub in the hall bath. Have a qualified person clean to remove the black substance and recaulk the tub. Provide documentation of the repairs. In the hall bath, it was observed that the shower head was loose and there was a gap around the head penetration that would allow water to get into the wall. Have a qualified person repair and secure the shower head. Provide documentation of the repairs. Observations revealed that the finish on the wall above the shower in the back bathroom was flaking. Have a qualified person repair the wall. above the shower. Provide documentation of the allos the out side 8/1/15 replans will be first done by the first repairs. Observations revealed the exterior trim had been replaced near the ramp and at the back corner of the facility. The replaced trim has not been painted leaving the wood exposed and unprotected. Have a qualified person paint the trim. Observations revealed that the paint on the exterior trim was flaking and peeling around the facility. Have a qualified person repair the finish on the exterior trim. Provide documentation of the repairs. Division of Health Service Regulation Beatree Petway 7/6/15

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 FCL033006 06/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET YOUR LOVING FAMILY CARE HOME I DORTCHES, NC 27801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID: PROVIDER'S PLAN OF CORRECTION O05i PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 174 Continued From page 3 C 174 well be replan by 8/1/15 the first of the months 11. Observations revealed that the exterior soffit was pulling loose at the back of the facility near the left corner and over the back exit. Have a qualified person repair the soffit. Provide documentation of the repairs. Observations revealed that the wood fence at the back of the facility from the back corner to the property line was leaning and unstable. Have a qualified person repair the fence. C 109 Construction-Windows C 109 T10: 42C .2102 CONSTRUCTION All windows must be maintained operable. Window was replain 6/5/15 This Rule is not met as evidenced by: Observations revealed that the windows in Bedroom 4 had blocking in the windows because the top sash would fall when the windows were unlocked. The blocking rendered the window inoperable. Repairs were made on site and no response is required at this time. Maintain all windows to be operable. C 123 Bathroom-Hand Grips C 123 T10: 42C .2206 BATHROOM (f) Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. This Rule is not met as evidenced by: Observations revealed that the tub in the first bathroom did not have a hand grip. Have a qualified person install a mechanically fastened hand grip at the tub. Provide documentation of

Division of Health Service Regulation Beatine Telway

STATE FORM

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If continuation sheet 4 of 7

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING. FCL033006 06/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET YOUR LOVING FAMILY CARE HOME I DORTCHES, NC 27801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID. (X4) ID: (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) C 123 C 123 Continued From page 4 She thand grup in 8/1/15

phower will be done
by the first of the the repairs. Observations revealed that the hand grip in the shower of the back bathroom had fallen off the wall. Have a qualified person install a hand grip, mechanically fastened for the shower. Provide documentation of the repairs. C 138 C 138 Outside Entrances/Exits-Single Hand Motion T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without kevs. This Rule is not met as evidenced by: Observations revealed that the front entry door will be replaced 8/1/5-by the first of the did not have single action hardware. Have a qualified person replace the door hardware with single action hardware. Provide documentation of the repairs. Observations revealed that the back exit door did not have single action hardware. Have a qualified person replace the door hardware with single action hardware. Provide documentation of the repairs. Observations revealed that the storm door at the back exit had a thumb latch lockset that is not single action. Have a qualified person remove or disable the thumb latch. Provide verification of the repairs. Division of Health Service Regulation

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NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	DRESS, CITY, STATE, ZIP CODE						
730 MARIGOLD STREET										
YOUR LOVING FAMILY CARE HOME I DORTCHES, NC 27801										
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C 140	Outside Entrances/	Exits-Handrails	C 140							
	(f) All steps, porch	NTRANCES AND EXITS nes, stoops and ramps must andrails and guardrails.								
	Observations re front porch did not i qualified person ins	et as evidenced by: evealed that the steps at the have handrails. Have a stall handrails either side or the steps. Provide he repairs.		This well be do by The first of I	ne 8/1/15					
C 143	Floors		C 143		i					
	material and so cor cleanable. (b) Scatter or thro	be of smooth, non-skid nstructed as to be easily w rugs are not to be used. be kept in good repair.								
	<ol> <li>Observations re torn, damaged or fr Have a qualified pe</li> </ol>	et as evidenced by: evealed that the floors were rayed in several locations. erson repair or replace the . Provide documentation of th include:	e	replaced by the million of the mi	este 8/1/15					
	of the living room a b.) The vinyl fi kitchen had separa c.) The vinyl fi the washer and dry d.) The vinyl fi back exit door.	oor seam in the hall near the sted and was curling. oor was damaged in front of		first of the m	with					
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NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STATE, ZIP CODE					
YOUR LOVING FAMILY CARE HOME I 730 MARIGOLD STREET DORTCHES, NC 27801									
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C 143	Continued From pa	ige 6		C 143			7		
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